

APPLICATION FORM FOR PROJECT ASSISTANCE
FROM THE UTAH STATE WATER QUALITY BOARD

Application Number: _____

(LEAVE BLANK-FOR STATE USE ONLY)

Preapplication Meeting Date: _____

PROJECT IDENTIFICATION AND DESCRIPTION

1. APPLICANT: _____
(Municipality, Sewer District, Special Improvement District, etc.)
Address: _____
Phone: _____
City: _____

Zip Code: _____
EIN # _____
2. PRESIDING OFFICIAL: _____
(Name and Title)
3. CONTACT PERSON: _____
(Name and Title)
4. TREASURER/RECORDER: _____
(Name and Title)
5. CONSULTING ENGINEER: _____
(Name and Title)
Name of Firm: _____
Address: _____
Phone: _____
City: _____
Zip Code: _____
6. BOND COUNSEL: _____
(Name and Title)
Name of Firm: _____
Address: _____
Phone: _____
City: _____
Zip Code: _____
7. FINANCIAL ADVISOR: _____
(Name and Title)
Name of Firm: _____
Address: _____
Phone: _____
City: _____
Zip Code: _____

For the following questions please attach explanations on a separate sheet if adequate space is not provided on this form.

8. DESCRIPTION OF PROJECT SETTING

- A. Location of the Project: _____
B. County: _____

9. GENERAL PROJECT OVERVIEW

- A. Description of the project: _____

- _____
(1) Year construction will be initiated: _____
(2) Year of completion: _____
(3) Total project cost: \$ _____

- B. Position on the Utah Priority List # _____ List Date: _____

- C. Explain why project is needed: _____

- D. _____
State and Federal water quality and public health regulations to be addressed
by the project: _____

- E. What good faith efforts to secure all of part of services and funds from the other funding agencies:

- F. Public participation: _____

(meetings, fact sheets, referenda, etc.)

- G. Describe Demonstrations of Public support for project: _____

- H. Type of planning document prepared: _____

(Facility plan, engineering report, etc.)
Planning Document Date: _____

(Note: Enclose a copy of current planning document.)

FINANCIAL ASSESSMENT - ESTIMATED ANNUAL COST OF SEWER SERVICES

1. Project cost estimate:

A. Construction

- | | |
|---|----------|
| (1) Wastewater treatment plant: | \$ _____ |
| (2) Pump stations: | \$ _____ |
| (3) Interceptor sewers | \$ _____ |
| (4) Collection sewers: | \$ _____ |
| (5) Small systems (neighborhood or community septic tanks): | \$ _____ |
| (6) Land acquisition: | \$ _____ |
| (7) Other (specify): | \$ _____ |
| (8) Other (specify): | \$ _____ |
| (9) Other (specify): | \$ _____ |
| (10) Other (specify): | \$ _____ |
| (11) Total construction costs: (1.A(11)) | \$ _____ |

B. Other Project Costs:

- | | |
|---|----------|
| (1) Engineering - Planning | \$ _____ |
| (2) Engineering - Design | \$ _____ |
| (3) Engineering - CMS | \$ _____ |
| (4) Engineering - Other | \$ _____ |
| (5) Legal - Bonding | \$ _____ |
| (6) Legal - Rights of Way & Easements | \$ _____ |
| (7) Other (specify): | \$ _____ |
| (8) Other (specify): | \$ _____ |
| (9) Other (specify): | \$ _____ |
| (10) Other (specify): | \$ _____ |
| (11) Total Other Costs: (1.B(11)) | \$ _____ |

2. Estimated Annual Costs:

B. Operation & Maintenance Costs of the Proposed Facility*

- | | | |
|--|----------|----------|
| (1) Labor: | \$ _____ | per year |
| (2) Utilities: | \$ _____ | per year |
| (3) Materials: | \$ _____ | per year |
| (4) Contracted services (i.e. laboratory): | \$ _____ | per year |
| (5) Miscellaneous expenses: | \$ _____ | per year |
| (6) Equipment replacement: | \$ _____ | per year |
| (7) Total OM&R costs:(2.B)(7). | \$ _____ | per year |

*Include current O&M costs which will continue with the new facility

- C. Existing annual debt service: \$ _____ per year
(for sewer services only, attach a copy of debt authorization schedules)

- D. Estimate costs for installation of individual service laterals

(if the project includes a new collection system): \$ _____

3. FINANCING THE NEW FACILITIES

- A. Total construction cost (from 1.A(11)): \$ _____
- B. Other Project Costs (from 1.B.(10)): \$ _____
- C. TOTAL PROJECT COSTS \$ _____
- D. Funds available for the project
(reserve accounts, contingency, etc.): \$ _____
- E. Grants (specify agencies and status of funds):
_____ : ... \$ _____
_____ : ... \$ _____
- F. Other sources of funding (specify):
_____ : ... \$ _____
_____ : ... \$ _____
_____ : ... \$ _____
- G. TOTAL FUNDS AVAILABLE \$ _____
- H. AMOUNT TO BE FINANCED (from 3.C - 3.G.): \$ _____

3. BOND MARKET FORECAST INFORMATION

- A. Estimated terms your project would be required to meet if project was financed through the sale of a bond on the open market.
- Interest Rate: _____
- Term: _____
- Principal Amount: _____
- Source: _____
- Comments: _____

4. DEBT STRUCTURE OF YOUR COMMUNITY

- A. Legal general obligation debt limit:
- | | | | | |
|---|----------|---|-----|----------|
| (1) Assessed Valuation | \$ _____ | x | 12% | \$ _____ |
| (2) Less: Current Annual General Obligation Debt: | | | | \$ _____ |
| (3) Available General Obligation Debt Limit (1)-(2) | | | | \$ _____ |

5. DEMOGRAPHIC OUTLINE

- A. Population Estimates:
- | | |
|-----------------------------------|-------|
| (1) Current Population: | _____ |
| (2) Population in 1990: | _____ |
| (3) Estimated Population in 2000: | _____ |
| (4) Planning Year Population: | _____ |
| (5) Planning Year: | _____ |
| (6) Source of Estimates: | _____ |

B. Current Cost of Sewer Service:

(1) Current basic, monthly user charge:

Residential	\$ _____
Commercial	\$ _____
Industrial	\$ _____

(2) If user charges are based on water usage:

Base Rate	\$ _____ / _____	Gallons
Overage Rate	\$ _____ / _____	Gallons

(3) If property tax, or other tax, is levied to fund sewer debt, operation or maintenance:

Tax Rate (for sewer only)	_____
Assessed Valuation	\$ _____
Annual Revenue from Taxes	\$ _____

(4) Is sewer service subsidized by any other source of revenue not previously mentioned, please explain:

C. Impact & Hookup Fees:

(1) Current Impact Fee: \$ _____

(2) Current Hookup Fee: \$ _____

(3) Have you completed a Capital Facilities Plan which meets the requirement of the Utah Impact Fee Act?

Yes: _____ No: _____

Please attach a copy of the Capital Facilities Plan

D. Current number of equivalent residential connections:

(1) Last year's annual sewer user charge revenue: \$ _____

(2) Last year's annual, residential, user rate: \$ _____

(3) Revenue Divided by User Rate (1)/(2)*

*a rough estimate of residential equivalent connections _____

E. Median Adjusted Gross Income (to be completed by DWQ staff)

Year: _____

MAGI: _____

F. Major Industries and approximate percent of workforce employed by each:

_____	_____
_____	_____
_____	_____

G. Please list additional capital intensive projects which your community is planning or will require in the near future? (Please include such needs as schools, roads, water systems, parks, municipal buildings, etc.)

Project Description	Projected Construction Date	Estimated Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H. Please provide audited financial statements for the past two years and a copy of your current operating budget.

I. Please provide a copy of your current sewer rate ordinance and user charge system.

Signature of person responsible for completion this form:

Signature of Authorized Representative:

REMINDER

Have you remembered to enclose the following:

1. Facility Plan or other planning documents.
2. Amortization table for each outstanding debt.
3. Financial statements for the past 2 years plus this year's current budget.
4. Current sewer rate ordinance and user charge system.
5. Capital Facilities Plan which meets the Utah Impact Fee Act.